

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 01 2013

through

M M M / D D D / Y Y Y Y Y Y
11 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y Y
11	/	30	/	2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2013		278831.80
(b) Cash on Hand at Beginning of Reporting Period.....	439917.92	
(c) Total Receipts (from Line 19)	31976.88	482263.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	471894.80	761094.80
7. Total Disbursements (from Line 31)	17500.00	306700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	454394.80	454394.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	24615.40	249903.90
(ii) Unitemized	1861.48	35659.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	26476.88	285563.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	189700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31476.88	475263.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	500.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31976.88	482263.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31976.88	482263.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	300600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	6100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17500.00	306700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	306700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31476.88	475263.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31476.88	475263.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David A. Wheat

Mailing Address 5817 S. Walden Street

City

Centennial

State

CO

Zip Code

80015-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 11 / 2013

Transaction ID : 56838118

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Ruth B. Smith

Mailing Address One National Life Drive

City

Montpelier

State

VT

Zip Code

05604-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Life Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 11 / 2013

Transaction ID : 56838119

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ataollah Azarshahi

Mailing Address 15456 Dallas Parkway
Suite 800

City

Addison

State

TX

Zip Code

75001

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Life Group

Occupation

VP, Strategy and Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841720

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James P. Rousey

Mailing Address 1609 Windcrest Drive

City State Zip Code
Springfield IL 62704-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Guaranty Life Insurance Comp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 18 2013

Transaction ID : 56841722

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pamela N Blalock

Mailing Address One National Life Drive

City State Zip Code
Montpelier VT 05604-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Life Group

Occupation
VP & Regional Development Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 18 2013

Transaction ID : 56841723

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas E. Rattmann

Mailing Address 2601 Pinebluff Drive

City State Zip Code
Vestal NY 13850-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbian Mutual Life Insurance Compan

Occupation
Chairman of the Board, President & Chi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 18 2013

Transaction ID : 56841724

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Daniel J. Fischer

Mailing Address 6 Moran Court

City
Binghamton

State
NY

Zip Code
13903-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Senior Vice President, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841733

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael C. Fosbury CFA

Mailing Address 4504 Forest Lane

City
Vestal

State
NY

Zip Code
13850-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841734

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Amy Purdy Godleski

Mailing Address 4704 Vestal Parkway East

City
Birmingham

State
NY

Zip Code
13902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

SVP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841735

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Stuart W. Smith

Mailing Address 3595 Chrstnut Drive

City

Doraville

State

GA

Zip Code

30340-2035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Information Systems Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841736

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Jeanne M Clarke

Mailing Address 507 Plum St

City

Syracuse

State

NY

Zip Code

13204-5429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jack Greenberg

Mailing Address 11 Devonshire Court

City

Plainview

State

NY

Zip Code

11803-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Vice President, Pricing & Product Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841738

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gerald J. Hennenhoefer

Mailing Address 34 Deer Creek Drive

City

O Fallon

State

MO

Zip Code

63366-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Vice President, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841739

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard S. Relf Jr.

Mailing Address 3708 Lake Moraine Road

City

Madison

State

NY

Zip Code

13402-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

VP, Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841740

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Todd Swenson

Mailing Address 4704 Vestal Parkway East

City

Binghamton

State

NY

Zip Code

13902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbian Mutual Life Insurance Compan

Occupation

Vice Prseide Special Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Szubert

Mailing Address 4704 Vetsal Parkway East

City State Zip Code
 Binghamton NY 13902

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Columbian Mutual Life Insurance Compan

Occupation
 Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841742

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jay W Wason Jr

Mailing Address P O Box 1056

City State Zip Code
 Syracuse NY 13201-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Columbian Mutual Life Insurance Compan

Occupation
 VP - Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841743

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Patrick A Mannion

Mailing Address 7665 Hunt Lane

City State Zip Code
 Fayetteville NY 13066-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Columbian Mutual Life Insurance Compan

Occupation
 President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 56841758

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry Zimpleman

Mailing Address 2186 South Orilla Rd

City State Zip Code
Cumming IA 50061-7506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Principal

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2013

Transaction ID : 56841760

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Curt Hagelman

Mailing Address 5425 Tivoli Drive

City State Zip Code
Orlando FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Senior Vice President, CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2013

Transaction ID : 56841856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steve B Najjar

Mailing Address 800 N Magnolia Avenue
Suite 1400

City State Zip Code
Orlando FL 32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

EVP, Sr. Mkts/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2013

Transaction ID : 56841857

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Harold E. Riley

Mailing Address P.O. Box 149151

City
Austin

State
TX

Zip Code
78714-9151

FEC ID number of contributing
federal political committee.

C

Name of Employer

CICA Life Insurance Company of America

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 29 / 2013

Transaction ID : 56841859

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1156427129578

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John Patterson

Mailing Address 10075 Red Run Blvd

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1231727529578

Amount of Each Receipt this Period

22.00

P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5122.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. W. Bryant Sadler

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Staff Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1415470229578

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Mandana Parsazad

Mailing Address 1914 Horse Shoe Drive

City Vienna State VA Zip Code 22182-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1481799829578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Scott E. Smith

Mailing Address 19 Cardinal Way

City South Windsor State CT Zip Code 06074-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vantis Life Insurance Company

Occupation
Senior Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1503555329578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Craig D Simms

Mailing Address 31 Quail Hollow Drive

City

Southington

State

CT

Zip Code

06489-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1503559929578

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Peter L Tedone

Mailing Address 32 Lincoln

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1503560129578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4258.99

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1550105929578

Amount of Each Receipt this Period

387.18

P/R Deduction (\$193.59 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

447.18

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Gail S. Hoeflich

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1565786729578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1647849729578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Kathleen F. Kiernan-Pagani

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2431.83

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1728112729578

Amount of Each Receipt this Period

234.38

P/R Deduction (\$117.19 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

314.38

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Edmund V Mahoney

Mailing Address 20 Northgate

City

Simsbury

State

CT

Zip Code

06070-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Vice President, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1729084729578

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2333.86

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1821819629578

Amount of Each Receipt this Period

222.18

P/R Deduction (\$111.09 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. The Honora Dirk A. Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1871324529578

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

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658.08

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa Smith

Mailing Address 800 North Magnolia Ave.
Suite 1400

City State Zip Code
Orlando FL 32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1871488829578

Amount of Each Receipt this Period

50.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Brian Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1872428329578

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Peter J. Bautz

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1903849829578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

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490.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Pyc

Mailing Address 9124 MidPines Court

City

Orlando

State

FL

Zip Code

32819-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

EVP, financial Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1948888429578

Amount of Each Receipt this Period

36.00

P/R Deduction (\$12.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. William R Hobbs

Mailing Address 13005 Windsor Circle

City

Leawood

State

KS

Zip Code

66209-1793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fidelity Security

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1964225729578

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Anita Peduzzi

Mailing Address 101 Constitution Avenue
Suite 700 W

City

Washington

State

DC

Zip Code

20001-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1978714929578

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

144.34

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua T. Mauthe

Mailing Address 2210 12th St NW

City

Washington

State

DC

Zip Code

20009-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR1978715629578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Richard Jones Jr

Mailing Address 4545 Wornall Rd
#1010-1011

City

Kansas City

State

MO

Zip Code

64111-3270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fidelity Security Life Insurance Co.

Occupation

Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR2008166729578

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Seaver J. J Sowers

Mailing Address 101 Constitution Avenue NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Director, Federal Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR2018796029578

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Smith

Mailing Address 800 N Magnolia Avenue
Suite 1400

City State Zip Code
Orlando FL 32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

SVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR2019034829578

Amount of Each Receipt this Period

532.00

P/R Deduction (\$10.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Marla Lauterette

Mailing Address 800 N Magnolia Avenue
Suite 1400

City State Zip Code
Orlando FL 32803-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

VP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR2019035329578

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Jessica M. M Hanson

Mailing Address 1707 Prince St.
#2

City State Zip Code
Alexandria VA 22314-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR2023274629578

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

932.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3635.50

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771358229578

Amount of Each Receipt this Period

330.50

P/R Deduction (\$165.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1242.56

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771362429578

Amount of Each Receipt this Period

112.96

P/R Deduction (\$56.48 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Roberta B. Meyer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771362729578

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

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463.46

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771365429578

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3303.52

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771373229578

Amount of Each Receipt this Period

300.32

P/R Deduction (\$150.16 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.12

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771373529578

Amount of Each Receipt this Period

61.92

P/R Deduction (\$30.96 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

422.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1838.76

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771374029578

Amount of Each Receipt this Period

167.16

P/R Deduction (\$83.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771374329578

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.27

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771376829578

Amount of Each Receipt this Period

56.66

P/R Deduction (\$28.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John W. Mangan CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771377129578

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly O. Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771395129578

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Olivia H. Gillis

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Assoc. Director, Legislative & Regulat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771408129578

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

636.66

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Maria L. Palacios

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.95

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771408829578

Amount of Each Receipt this Period

20.36

P/R Deduction (\$10.18 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2169.86

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771419329578

Amount of Each Receipt this Period

197.26

P/R Deduction (\$98.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771419929578

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

367.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771421029578

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771421129578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Jeffry J. Janoska

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.10

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771423129578

Amount of Each Receipt this Period

24.10

P/R Deduction (\$12.05 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

164.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771423229578

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Nina Aponte

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Staff Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771425329578

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2904.88

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771428929578

Amount of Each Receipt this Period

264.08

P/R Deduction (\$132.04 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

364.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Miriam Krol

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Long Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771434029578

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Kynondo Lewis

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legal Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.04

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771439629578

Amount of Each Receipt this Period

21.42

P/R Deduction (\$10.71 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2108.27

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771444329578

Amount of Each Receipt this Period

191.66

P/R Deduction (\$95.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

233.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771444929578

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Andrew M. Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Managing Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.22

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771445829578

Amount of Each Receipt this Period

40.02

P/R Deduction (\$20.01 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771449629578

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.73

Date of Receipt

11 / 30 / 2013

Transaction ID : PR771450129578

Amount of Each Receipt this Period

33.34

P/R Deduction (\$16.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Raymond J. Hazel

Mailing Address 7 Daydilly Court

City State Zip Code
Wilmington DE 19808-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

London Life Reinsurance Company

Occupation

VP Finance, & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2013

Transaction ID : PR796887929578

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2742.39

Date of Receipt

11 / 30 / 2013

Transaction ID : PR805149129578

Amount of Each Receipt this Period

329.00

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

412.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Wayne A. Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR904819529578

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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50.00

24615.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sammons Enterprises Inc. PAC

Mailing Address 5949 Sherry Lane
Suite 1900

City State Zip Code
Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2013

Transaction ID : 56838109

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 40

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Johnson for South Dakota

Mailing Address P O Box 1536

City

Sioux Falls

State

SD

Zip Code

57101

FEC ID number of contributing
federal political committee.

C

C00201533

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2013

Transaction ID : 56888493

Amount of Each Receipt this Period

500.00

Refund of previous contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement
Correct committee name for previously issued check

Candidate Name

Rep. Mark KirkOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2013

Transaction ID : 54690007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Correct committee name for previously issued check

B. Montanans For Tester

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1135

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

Candidate Name

Sen. Jon TesterOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : 55466260

Amount of Each Disbursement this Period

1500.00

C. Terri Sewell For Congress

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

Purpose of Disbursement

Candidate Name

Rep. Terri SewellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : 55466261

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrasso

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement

011

Candidate Name

Sen. John Barrasso MD

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Transaction ID : 55466262

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Crenshaw For Congress CampaignMailing Address 7235 Bonneval Road
Suite 210

City	State	Zip Code
Jacksonville	FL	32256

Purpose of Disbursement

011

Candidate Name

Rep. Ander Crenshaw

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Transaction ID : 55466280

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address P O Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement

011

Candidate Name

Lynn Jenkins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Transaction ID : 55466281

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dick Durbin Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Mailing Address P O Box 1949

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement

011

Transaction ID : 55466289

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Richard DurbinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Full Name (Last, First, Middle Initial)

B. Shelby for US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Mailing Address P.O. Box 1091

City	State	Zip Code
Tuscaloosa	AL	35401

Purpose of Disbursement

011

Transaction ID : 55466294

Amount of Each Disbursement this Period

1000.00

Candidate Name

Richard ShelbyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District:

Full Name (Last, First, Middle Initial)

C. Carper for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2013

Mailing Address P O Box 2882

City	State	Zip Code
Wilmington	DE	19805

Purpose of Disbursement

011

Transaction ID : 55466300

Amount of Each Disbursement this Period

1000.00

Candidate Name

Thomas CarperCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DE District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Merkley For Oregon

Mailing Address P O Box 42307

City	State	Zip Code
Portland	OR	97242

Purpose of Disbursement

011

Candidate Name

Mr. Jeffrey Merkley

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : 55466339

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rush Holt For Congress

Mailing Address PO Box 782

City	State	Zip Code
Pennington	NJ	08534

Purpose of Disbursement

011

Candidate Name

Rep. Rush Holt

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : 55466346

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Blaine For Congress

Mailing Address PO Box 1526

City	State	Zip Code
Columbia	MO	65205

Purpose of Disbursement

011

Candidate Name

Mr. W. Blaine Luetkemeyer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : 55466347

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

17500.00
